

Case Number:	CM14-0132146		
Date Assigned:	08/29/2014	Date of Injury:	01/02/2014
Decision Date:	11/28/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon, has a subspecialty in Hand Surgeon and is licensed to practice in Texas & Georgia. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 26-year-old male who reported an injury on 01/02/2014. The mechanism of injury was a fall. The diagnoses included left ulnar styloid nonunion, left triangular fibrocartilage tear, and left ulnar impaction syndrome. The previous treatments included medication. The diagnostic testing included an MRI dated 04/30/2014, which revealed a full thickness tear through the radial attachment of the left triangular fibrocartilage and the tear of the ulnar fovea and ulnar styloid process insertions of the triangular fibrocartilage. Within the clinical note dated 06/24/2014, it was reported the injured worker complained of left wrist pain, ulnar aspect. The injured worker complained of pain in the left wrist with any powerful gripping or use of the left hand. Upon the physical examination, the provider noted an obvious deformity of the distal ulna. There was edema of the ulnar aspect of the wrist. There was tenderness to palpation throughout the ulnocarpal joint. The provider noted the range of motion of the left wrist was noted to be extension 75 degrees and flexion at 65 degrees. The provider recommended the injured worker to undergo an arthroscopic evaluation and complete synovectomy followed by a TFCC debridement at the radial insertion. The request submitted is for postoperative therapy, following surgery. The Request for Authorization was submitted and dated 07/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post-op therapy twice a week for 5 weeks (quantity 10): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: The request for postoperative therapy twice a week for 5 weeks #10 sessions is not medically necessary. Most surgical treatment guidelines state during immobilization there was weak evidence of improved hand function in the short term but not long term for early occupational therapy, and of a lack of differences in outcomes between supervised and unsupervised exercise. Furthermore, the guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for a specific surgery. The number of sessions requested exceeds the guidelines' recommendations. Additionally, there is lack of clinical documentation indicating the injured worker has undergone the recommended surgery. As such, the request for postoperative therapy would not be medically warranted. Therefore, the request is not medically necessary.